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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/156,026,9

Total Fee Calculation

Fee Code	Total # Claims	Number Estm	X	Fee	Fee	Total
S. & L.				\$100	\$100	
Basic Filing Fee	<u>210/101</u>				<u>690</u>	
Total Claims >10	<u>210/101</u>	<u>45</u>	<u>28</u>	X	<u>650</u>	
Independent Claims >1	<u>210/101</u>	<u>6</u>	<u>3</u>	X	<u>234</u>	
Multi Dep Claim Present	<u>214/104</u>				<u>130</u>	
Surcharge	<u>200/103</u>					
English Translation	<u>100</u>					
<u>TOTAL FEE CALCULATION</u>						<u>1504</u>

Fees due upon filing the application.

Total Filing Fees Due = \$ 1504

Less Filing Fees Subsidized = \$ 1

BALANCE DUE = \$ 1504

P. Allen

Office of Initial Patent Examination

BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE	BC	
TOTAL CLAIMS	45	minus 20 = * 25
INDEPENDENT CLAIMS	6	minus 3 = * 3
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 51	Minus	** 45 = 6
Independent	*	6	Minus	*** 6 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE

RATE	FEES
	345.00
OR X\$ 9=	
OR X39=	
+130=	
TOTAL	

OTHER THAN
SMALL ENTITY

RATE	FEES
OR X\$ 18=	690.00
OR X\$ 18=	450
OR X78=	234
OR +260=	
OR TOTAL	1374

SMALL ENTITY

RATE	ADDI- TIONAL FEE
OR X\$ 9=	
OR X39=	
+130=	
TOTAL ADDIT. FEE	

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
OR X\$ 18=	108
OR X78=	
OR +260=	
OR TOTAL ADDIT. FEE	PL

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
OR X\$ 9=	
OR X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
OR X\$ 18=	
OR X78=	
OR +260=	
OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
OR X\$ 9=	
OR X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
OR X\$ 18=	
OR X78=	
OR +260=	
OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.